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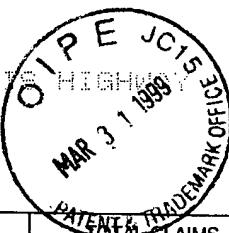
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ANTHONY CASTORINA  
 MARK FRIEDMAN LTD.  
 2001 JEFFERSON DAVIS HIGHWAY  
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APPLICATION NO.	FILING DATE	TYPE OF CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/018,664	02/04/98	007		3734 02/10/99
First Name Applicant	ESHEL			35 UNTIL FEE IS PAID TERM EXPIRES 0 DAYS.
TITLE OF INVENTION	INTERNAL CATHETER			

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
3 526/20	604-096.000	0001	UTILITY	YES	\$605.00	05/10/98

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 MARK M. FRIEDMAN

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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Issue Fee  
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(A) NAME OF ASSIGNEE  
ARQMED LTD.  
 (B) RESIDENCE: (CITY & STATE OR COUNTRY)  
HERZELIA ISRAEL  
 Please check the appropriate assignee category indicated below (will not be printed on the patent)  
 individual    corporation or other private group entity    government

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

28 MAR 99

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